

OFFICE USE ONLY			
Transaction #			
Check #			
Initials			

Indiana Grain Buyers and Warehouse Licensing Agency ISTA - Center, Suite 416 150 West Market Street Indianapolis, Indiana 46204-2810 (317)232-1356

Section A: COMPANY INFORMATION										
Location #:	Phone #:				FAX #:					
Name of business:				d/b/a:						
Address: C				City:			State:	ZIP code:		
Individual in charge: Title:										
Section B: FORM OF BUSINESS Section C: FOR RENI							NEWAL PER	RIOD		
Please check "✓" only one: ☐ Proprietor ☐ Partnership ☐ Corporation ☐ Other, specify From:						То:				
Section D: LICENSING FEES										
1). License Fee: (Includes 1 facility)							\$250.00	\$250.00 (1)		
2). Number of facilities: (less 1 included above) Multiplied by \$50.00:								(2)		
3). TOTAL FEE (Line 1 plus Line 2) due on or before:									(3)	
Make check payable to: Indiana Grain Buyers and Warehouse Licensing Agency										
Section E: COMPUTATION OF NET WORTH										
1). TOTAL Net Worth required:						\$10,000	\$10,000.00 (
Company's current Net Worth (as of: Net Worth MUST be greater than Line 1.									(2)	
Section: F COMPUTATION OF BOND										
1). Minimum Amount of Bond Required.							\$10,000	0.00	(1)	
2). Total bushel storage capacity of all facilities: Multiply by ten cents (10¢):									(2)	
3). Enter the larger amount of Lines 1 or 2:									(3)	
4). TOTAL BOND REQUIRED: Enter the smaller of Line 3 or \$100,000.00.									(4)	
Carrier of bond, if known:		Forr	n of bond		Surety	☐ Cash □	Deposit \Box	Letter of C	redit	
FORMAL APPLICATION AND CERTIFICATION										
I hereby make application for renewal of a license for the company identified above, under the provisions of the Indiana Grain Buyers and Warehouse Licensing and Bonding Law, IC 26-3-7, as amended. I understand and agree, as a condition to the issuance of a license renewal, to make my business premises, records and inventories available for inspection by the Indiana Grain Buyers and Warehouse Licensing Agency, and to cooperate and assist in such inspections. I affirm, under the penalties provided for in the law, that the information in this application is true and accurate to the best of my knowledge and belief.										
Typed or printed name of applicant:	nt: Signature of applicant:						Date:			